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(54) **Femoral prosthesis with insertion/extraction feature**

(57) A femoral prosthesis system is provided which includes femoral prosthesis and an instrument for inserting/extracting the femoral prosthesis. The femoral prosthesis includes a stem and a neck portion. The stem includes a proximal end portion which defines a proximal stem axis. The neck portion is located proximally of the proximal end portion. The neck portion includes a proximal surface and an insertion/extraction cavity which extends distally from the proximal surface. The insertion/extraction cavity is configured to couple with the insertion/extraction instrument. The insertion/extraction cavity defines an insertion/extraction cavity axis which, when projected on to a coronal plane including the proximal stem axis, is not parallel with the proximal stem axis. The insertion/extraction instrument includes a distal end portion configured to couple with the insertion/extraction cavity.

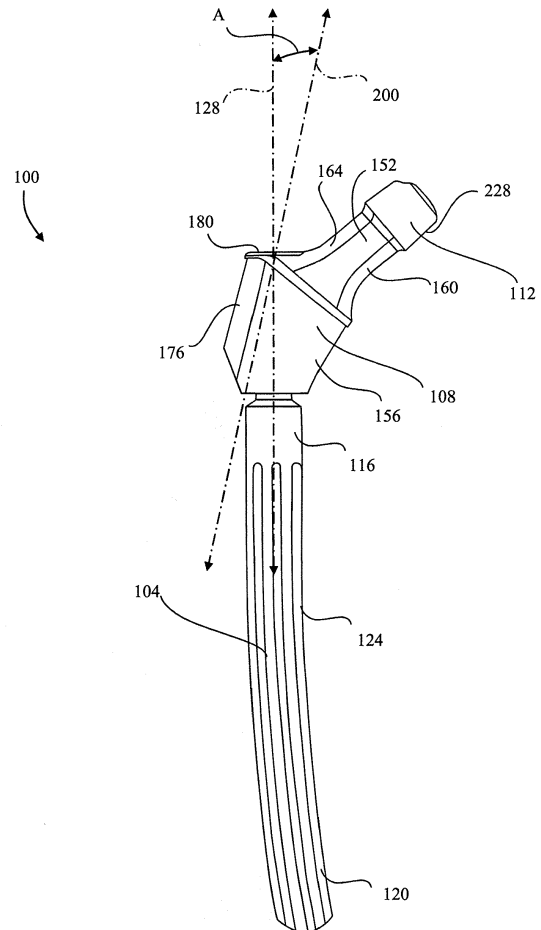


FIG. 2

Description

[0001] This invention relates generally to femoral prostheses and, more specifically, to features facilitating insertion and extraction of femoral prostheses.

[0002] Hip arthroplasty can be used to restore function to an injured or diseased hip joint. When performing surgical procedures such as hip arthroplasty, physicians generally attempt to damage as little tissue as possible to minimize trauma to the patient, reducing the time and effort required for the patient's recovery. To facilitate this goal, advances in medical technology have enabled minimally invasive surgical procedures, wherein a minimally necessary number of incisions are made and the incisions are as small as functionally possible. Accordingly, in minimally invasive procedures, the openings through which physicians perform procedures are relatively small, resulting in a limited range of motion and manoeuvrability for procedural tools and equipment. Thus, minimally invasive procedures provide benefits, such as minimizing trauma to the patient and reducing the patient's recovery, as well as challenges, such as reducing the workspace and range of motion for physicians and their tools during procedures.

[0003] For the purposes of surgical procedures, such as hip arthroplasty, positions and directions relative to the hip joint may be described using anatomical directions. Accordingly, as used herein, proximal refers to the direction toward to the hip joint, distal refers to the direction away from the hip joint, anterior refers to the direction toward to the front of the body, posterior refers to the direction toward to the back of the body, medial refers to the direction toward to the centerline of the body and lateral refers to the direction away from the centerline of the body. Additionally, aspects of the hip joint can be described relative to the anatomical planes: the transverse plane, which divides the body into a superior portion (nearer to the head) and an inferior portion (nearer to the feet); the sagittal plane, which divides the body into a left portion and a right portion; and the coronal plane, which divides the body into the anterior portion and the posterior portion.

[0004] In a total hip arthroplasty, both the "ball" and the "socket" of the hip joint are replaced with prosthetic device implants to form a new joint. The ball of the hip joint is often replaced by removing the femoral head from the proximal end of the femur, inserting a femoral prosthesis partially into the intramedullary canal of the femur, and coupling a ball to the proximal end of the femoral prosthesis. The socket of the hip joint is often replaced by removing bone from the acetabulum to create a cup-shaped opening and inserting an acetabular cup prosthesis into the cup-shaped opening. In a partial hip arthroplasty, either the ball or the socket of the hip joint may be replaced with a prosthetic device. If, after a total or partial hip arthroplasty, a subsequent medical event arises involving one of the hip implant prostheses, a procedure may be required to extract or remove the implant-

ed prosthetic device to enable replacement with another prosthesis.

[0005] Inserting and extracting a femoral prosthetic device from a patient's femur generally require specific tools which engage with the femoral prosthetic device and enable a physician to apply sufficient force to the femoral prosthetic device. Because a tight fit between the femoral prosthetic device and existing femoral bone is desired, both insertion and extraction of a femoral prosthetic device generally requires application of a significant impact force to the femoral prosthetic device. Such an impact force is usually applied to an impact surface on the tool. The impact force is transferred through the tool to the femoral prosthetic device.

[0006] Due to the anatomy of the hip joint and the reduced range of manoeuvrability in minimally invasive hip arthroplasties, the tools for insertion and extraction are generally curved, like that in FIG. 1, to accommodate available access angles and to avoid unwanted contact with and impingement of bones and tissues during the procedures. The curved shapes of the tools, while providing some benefits, in turn present additional challenges and difficulties during insertion and removal of femoral prosthetic devices.

[0007] As shown in FIG. 1, for example, because the tool 10 is curved, the impact force F_I applied to the impact surface 12 by the physician is offset from the transfer location 14 where the force is applied to the femoral prosthetic device through the tool 10. One problem that arises as a result of this offset 16 is the generation of a moment M about the transfer location 14. In other words, application of the impact force F_I at the impact surface 12 generates a tendency for the tool 10 to rotate about the transfer location 14. Accordingly, to prevent the tool 10 from rotating about the transfer location 14 and maintain stability of the tool 10 during the procedure, the physician must apply a manual force F_M to the tool 10 to oppose the tendency of the instrument to rotate caused by the impact force F_I .

[0008] By way of example, if the offset 16 between the axis of the impact force F_I and the transfer location 14 is 50 mm and the physician grips the tool 10 at a gripping offset 22 that is 230.7 mm from the transfer location 14, the rotational force M generated at the transfer location 14 has a magnitude that is approximately 20% of the magnitude of the impact force F_I . Accordingly, to oppose the rotational force M , the physician must apply a manual force F_M that is approximately 20% of the magnitude of the impact force F_I . If the impact force F_I is, for example, 2224 N (500 lbf), a physician has to apply a manual force F_M that is approximately 445 N (100 lbf) while also maintaining proper positioning of the instruments.

[0009] Another problem that arises due to the generated rotational force M is that the tip 18 of the tool 10 which engages the femoral prosthetic device at the transfer location 14 can be sheared off, becoming lodged in the femoral prosthetic device. As noted above, to counteract the rotational force M generated by the impact force

F_I applied to the tool 10, physicians must apply a sufficient opposing manual force F_M . Instead of applying the manual force F_M to oppose the rotational force M , however, some physicians have intuitively attempted to eliminate the rotational force M by hitting the edge of the impact surface 12, thereby applying the impact force F_I at an angle 20 relative to the impact surface 12. By applying the impact force F_I to the tool 10 at an angle 20, however, the physician generates a significant shear stress F_S on the tip 18 of the tool 10 which engages the femoral prosthetic device. The shear stress F_S has resulted in shearing off the tip 18 of the tool 10, requiring additional corrective measures to be undertaken during the procedure.

[0010] The present invention provides a femoral prosthesis which includes a stem and a neck portion. The stem includes a proximal end portion which defines a proximal stem axis. The neck portion is located proximally of the proximal end portion. The neck portion includes a proximal surface and an insertion/extraction cavity extends distally from the proximal surface. The insertion/extraction cavity is configured to couple with an insertion/extraction instrument. The insertion/extraction cavity defines an insertion/extraction instrument coupling axis which, when projected on to a coronal plane including the proximal stem axis, is not parallel with the proximal stem axis.

[0011] The femoral prosthesis provided by the invention can be manipulated during insertion or extraction or both with greater efficiency and less risk for error.

[0012] The invention also provides a femoral prosthesis system which includes a femoral prosthesis and an insertion/extraction instrument. The femoral prosthesis includes a femoral stem and a neck portion. The femoral stem has a proximal end portion which defines a proximal stem axis. The neck portion is located proximally of the proximal end portion. The neck portion includes a proximal surface and an insertion/extraction cavity extends distally from a proximal surface. The insertion/extraction cavity defines an insertion/extraction instrument coupling axis which, when projected on to a coronal plane including the proximal stem axis, is not parallel with the proximal stem axis. The insertion/extraction instrument includes a distal end portion configured to couple with the insertion/extraction cavity.

[0013] Devices provided by the invention can be used in a method of inserting a femoral prosthesis including coupling an insertion/extraction instrument to the femoral prosthesis, inserting a distal end portion of the femoral prosthesis into a femur, and impacting a proximal end portion of the insertion/extraction instrument. The instrument includes a body defining a longitudinal axis and the femoral prosthesis includes a proximal portion and a stem portion defining a longitudinal axis. Coupling the insertion/extraction instrument to the femoral prosthesis includes coupling the instrument with the proximal portion of the femoral prosthesis such that the longitudinal axis of the body of the instrument is not parallel with the longitudinal axis of the stem portion of the femoral prosthe-

sis.

[0014] The invention is described below by way of example with reference to the accompanying drawings, in which:

FIG. 1 depicts a side plan view of a prior art tool used to transfer an applied force to a femoral prosthesis during a hip arthroplasty procedure.

FIG. 2 depicts a side plan view of a femoral prosthesis to be used in hip replacement.

FIG. 3 depicts a fragmentary side plan view of the femoral prosthesis of FIG. 2, wherein a proximal portion of the femoral prosthesis is shown for clarity.

FIG. 4 depicts a fragmentary top perspective view of the femoral prosthesis of FIG. 2, wherein a proximal portion of the femoral prosthesis is shown for clarity.

FIG. 5 depicts a side plan view of an insertion/extraction instrument to be used to insert or extract the femoral prosthesis of FIG. 2.

FIG. 6 depicts a cross-sectional view of the side of the femoral prosthesis of FIG. 2, wherein a proximal portion of the femoral prosthesis is shown for clarity, with a fragmentary side plan view of the insertion/extraction instrument of FIG. 5, wherein a distal portion of the insertion/extraction instrument is shown for clarity.

[0015] FIG. 2 shows a femoral prosthesis 100 which includes a stem 104, a neck portion 108, and a femoral head fitting 112. The neck portion 108 extends proximally from the stem 104 and the femoral head fitting 112 extends proximally from the neck portion 108. The stem 104, neck portion 108, and femoral head fitting 112 may be formed from one piece of material, or alternatively they may be formed from individual pieces of material that are subsequently coupled together.

[0016] The stem 104 includes a stem proximal end portion 116, a stem distal end portion 120 and a stem body portion 124. The stem 104 is constructed out of a metal or alloy, such as for example, a titanium alloy, or another material known in the art to have similar properties desirable for long term implantation into the femur. The stem 104 is substantially straight along the stem body portion 124 from the stem proximal end portion 116 to the stem body portion 124. The stem proximal end portion 116 defines a longitudinal axis, referred to herein as a proximal stem axis 128, extending axially through the approximate centre of the stem proximal end portion 116. When the stem proximal end portion 116 is projected on to a transverse plane, the proximal stem axis 128 extends in a direction substantially perpendicular to the transverse plane.

[0017] The stem body portion 124 extends between the stem proximal end portion 116 and the stem distal end portion 120 and has a generally elongated shape. The stem body portion 124 optionally includes a taper such that the stem body portion 124 is smaller nearer to

the stem distal end portion 120 and larger nearer to the stem proximal end portion 116. The taper is sized and configured to facilitate insertion of the femoral prosthesis 100 into an intramedullary canal of a femur.

[0018] The neck portion 108 extends proximally from the stem proximal end portion 116 and includes a neck proximal end portion 152, a neck distal end portion 156, a neck medial portion 160 and a neck lateral portion 164. The neck medial portion 160 and the neck lateral portion 164 extend between the neck proximal end portion 152 and the neck distal end portion 156 and are arranged opposite one another along the neck portion 108. The neck lateral portion 164 includes a shoulder 176. In particular, the neck portion 108 is shaped such that the neck lateral portion 164 is more medial at the neck proximal end portion 152 than at the neck distal end portion 156 forming the shoulder 176.

[0019] The neck distal end portion 156 is located adjacent to the stem proximal end portion 116 and the neck proximal end portion 152 extends proximally from the neck distal end portion 156. The neck proximal end portion 152 includes a proximal surface 180 extending along at least a portion of the neck proximal end portion 152 and the neck lateral portion 164. The proximal surface 180 is oriented such that it substantially faces proximally away from the stem 104 and the neck portion 108. Additionally, when the neck proximal end portion 152 is viewed in a transverse plane, the proximal surface 180 is substantially parallel to the transverse plane.

[0020] The neck proximal end portion 152 also includes an insertion/extraction cavity 184 extending distally into the proximal surface 180 as shown in FIG. 3. The insertion/ extraction cavity 184 includes an insertion/ extraction cavity axis 200. The insertion/ extraction cavity 184 extends distally into the proximal surface 180 at an angle A that is not orthogonal to the proximal surface 180. In particular, as described in more detail below, as the insertion/extraction cavity 184 extends distally, it also extends laterally.

[0021] With reference to FIG. 3 and FIG. 4, the neck proximal end portion 152 and the insertion/extraction cavity 184 are described in more detail. As shown, the insertion/ extraction cavity 184 includes an instrument receiving portion 188, a prosthesis keyed portion 192, and a prosthesis threaded portion 196. The instrument receiving portion 188 is located directly distally to the proximal surface 180 and is open to the proximal surface 180. The instrument receiving portion 188 has an instrument receiving portion depth 204 (shown in FIG. 3) defined relative to the proximal surface 180. The instrument receiving portion 188 is also in open communication with both the prosthesis keyed portion 192 and the prosthesis threaded portion 196. Alternatively, the instrument receiving portion 188 need not be in open communication with the prosthesis keyed portion 192.

[0022] The prosthesis keyed portion 192 is also located directly distally to the proximal surface 180 and is open to the proximal surface 180. The prosthesis keyed portion

192 has a prosthesis keyed portion depth 208 (shown in FIG. 3) defined relative to the proximal surface 180, and the prosthesis keyed portion depth 208 is shallower than the instrument receiving portion depth 204. The prosthesis keyed portion 192 is offset laterally from the instrument receiving portion 188.

[0023] The prosthesis threaded portion 196 extends distally from the instrument receiving portion 188. The prosthesis threaded portion 196 (shown in FIG. 3) is defined by a wall 216. The prosthesis threaded portion 196 includes threads (not shown) extending into the wall 216.

[0024] The insertion/extraction cavity axis 200 extends axially through the centre of the instrument receiving portion 188 and the prosthesis threaded portion 196 (shown in FIG. 3) of the insertion/extraction cavity 184. Alternatively, the insertion/extraction cavity axis 200 need not extend through the centre of the instrument receiving portion 188. When the insertion/extraction cavity axis 200 and the proximal stem axis 128 are projected on to a coronal plane, the insertion/extraction cavity axis 200 is not oriented in a direction that is substantially parallel to the proximal stem axis 128 but instead extends at the angle A relative to the proximal stem axis 128. In particular, the insertion/extraction cavity axis 200 extends at the angle A proximally and medially to the proximal stem axis 128. Optionally, the angle A is in the range of approximately 1 to 45°. For example, the angle A might be 12° relative to the proximal stem axis 128.

[0025] Optionally, the insertion/extraction cavity 184 is oriented in a direction that is approximately parallel to the shoulder 176. As noted above, the shoulder 176 is formed due to the neck lateral portion 164 extending more medially at the neck proximal end portion 152 than at the neck distal end portion 156 (shown in FIG. 2). In other words, the shoulder 176 extends laterally as it extends distally relative to the proximal surface 180. Accordingly, when the stem 104 and the neck portion 108 (shown in FIG. 2) are viewed in the coronal plane, the shoulder 176 is not oriented in a direction that is substantially parallel to the proximal stem axis 128 but instead extends at an angle A relative to the proximal stem axis 128.

[0026] There is provided a kit including a plurality of femoral prostheses of different sizes and shapes allowing the physician to select the best fitting prosthesis from the kit to insert into a particular patient's femur. The best fitting prosthesis is determined by, among other considerations, the morphology and topography of the patient's femur. Accordingly, to provide a useful range of fits, each femoral prosthesis in the kit has a shoulder 176 oriented at an angle A relative to the proximal stem axis 128 that is different than the angle of each of the other femoral prostheses in the kit. In this arrangement, the angle of the insertion/extraction cavity 184 relative to the proximal stem axis 128 of each of the femoral prostheses in the kit is approximately equal to the angle of the shoulder 176 relative to the proximal stem axis 128 of the smallest femoral prosthesis in the kit. In this arrangement, the angle of the shoulder 176 relative to the proximal stem axis

128 of the smallest femoral prosthesis in the kit is approximately 12° . An advantage of this arrangement is that the physician has the same feel, and exerts the same forces in the same directions, while inserting any of the femoral prostheses into the patient's femur (as described below), because the insertion/extraction cavity 184 is oriented at the same angle regardless of the size or shape of the particular prosthesis. Alternatively, the angle of the insertion/ extraction cavity 184 relative to the proximal stem axis 128 of each of the femoral prostheses in the kit is approximately equal to the angle of the shoulder 176 of that femoral prosthesis relative to the proximal stem axis 128.

[0027] Returning to FIG. 2, the femoral head fitting 112 extends proximally from the neck proximal end portion 152 and includes a coupling surface 228 extending around the femoral head fitting 112 and tapering inwardly such that the femoral head fitting 112 is configured to mate for a friction fit with a complementary taper of a ball portion (not shown). Taken together, the femoral prosthesis 100 and the ball portion complete a femoral implant that is used to replace the femoral head of a patient during hip arthroplasty.

[0028] FIG. 5 shows an instrument 300 that is configured to enable insertion of the femoral prosthesis 100 which described above and shown in FIG. 2 into a patient's femur during hip arthroplasty. The instrument 300 is also configured to enable removal of the femoral prosthesis 100 from a patient's femur during hip arthroplasty. The instrument 300 includes an instrument body or housing 312 and a shaft 316. The housing 312 defines a housing axis 320 and includes a housing impact end portion 324, a housing engagement end portion 328, a longitudinal opening 332, and an instrument keyed portion 336. The housing axis 320 extends axially through the centre of the housing 312 through the housing impact end portion 324 and the housing engagement end portion 328 and, in this arrangement, is coincident with an impact axis 308. The impact axis 308 is the axis along which force is transferred to a femoral prosthesis such as the femoral prosthesis 100. Alternatively, the housing axis 320 need not be coincident with the impact axis 308.

[0029] The housing impact end portion 324 is arranged opposite the housing engagement end portion 328. The longitudinal opening 332 extends through the housing 312 along the housing axis 320 from the housing impact end portion 324 to the housing engagement end portion 328. The instrument keyed portion 336 is located at the distal end of the housing engagement end portion 328.

[0030] The shaft 316 defines a shaft axis 340 and includes a shaft impact end portion 344, and a shaft engagement end portion 348, which includes an instrument threaded portion 352. The shaft axis 340 extends axially through the centre of the shaft 316 through the shaft impact end portion 344 and the shaft engagement end portion 348. The shaft 316 is sized and configured to be rotatably received and retained within the longitudinal opening 332 of the housing 312 such that the shaft axis

340 is coincident with the housing axis 320. In this arrangement, the shaft axis 340 is, consequently, also coincident with the impact axis 308. In another arrangement, however, the shaft axis 340 need not be coincident with the impact axis 308. When the shaft 316 is received within the housing 312, the shaft impact end portion 344 is adjacent the housing impact end portion 324, the shaft engagement end portion 348 is adjacent the housing engagement end portion 328, and the shaft 316 is rotatable relative to the housing 312.

[0031] The shaft impact end portion 344 includes a knob 354 having an impact surface 356. The knob 354 of the shaft impact end portion 344 extends outwardly of housing impact end portion 324 such that the knob 354 protrudes beyond the housing impact end portion 324. The knob 354 is operably connected to the shaft impact end portion 344 and is configured to be gripped. The shaft 316 can be rotated relative to the housing 312 by rotating the knob 354 where it protrudes beyond the housing impact end portion 324. The impact surface 356 is arranged proximally on the knob 354 such that it aligns with and is substantially orthogonal to the shaft axis 340. Accordingly, an impact applied to the impact surface 356 is transferred through the shaft 316 along the shaft axis 340.

[0032] The instrument threaded portion 352 protrudes from the housing engagement end portion 328 such that the threads 360 of the instrument threaded portion 352 are exposed. The instrument threaded portion 352 is substantially aligned with the shaft axis 340. As mentioned above, the shaft 316 is configured such that, when the knob 354 on the shaft impact end portion 344 is rotated, the shaft engagement end portion 348 is also rotated, thereby rotating the instrument threaded portion 352 relative to the housing engagement end portion 328.

[0033] As shown in FIG. 6, the instrument 300 is arranged and configured such that the housing engagement end portion 328 and the shaft engagement end portion 348 engage the insertion/extraction cavity 184 of the femoral prosthesis 100 to facilitate insertion of the femoral prosthesis 100 into a patient's femur and removal of the femoral prosthesis 100 from a patient's femur during hip arthroplasty. In particular, the prosthesis keyed portion 192 is configured to couple with the instrument keyed portion 336, and the prosthesis threaded portion 196 is configured to couple with the instrument threaded portion 352.

[0034] In operation, to use the instrument 300 to facilitate insertion of the femoral prosthesis into a patient's femur, the instrument threaded portion 352 is first inserted into the instrument receiving portion 188 to generally align the instrument 300 with the insertion/extraction cavity 184. Once the threaded portion has been received within the instrument receiving portion 188, the instrument keyed portion 336 is inserted into the prosthesis keyed portion 192 to maintain the alignment of the instrument 300 with the femoral prosthesis 100.

[0035] Next, the instrument threaded portion 352 is ro-

tated relative to the housing 312 by rotating the knob 354 on the shaft impact end portion 344 (shown in FIG. 5). Because the instrument keyed portion 336 is mated with the prosthesis keyed portion 192, the housing 312 is prevented from rotating relative to the femoral prosthesis 100. Accordingly, when the instrument threaded portion 352 is rotated relative to the housing 312, the instrument threaded portion 352 is also rotated relative to the femoral prosthesis 100. Thus, the instrument threaded portion 352 extends into and threadably engages the prosthesis threaded portion 196 in the insertion/extraction cavity 184. In this arrangement, engagement of the instrument threaded portion 352 with the prosthesis threaded portion 196 couples the instrument 300 with the femoral prosthesis 100 such that the instrument 300 is restricted in movement away from the femoral prosthesis 100. In another arrangement, threaded portions need not be used to couple the instrument 300 with the femoral prosthesis 100, but the instrument 300 is coupled to the femoral prosthesis 100 in another way which restricts movement of the instrument 300 away from the femoral prosthesis 100. For example, either a collet or a bayonet clasp is used to couple the instrument 300 with the femoral prosthesis 100 in such a way as to restrict movement of the instrument 300 away from the femoral prosthesis 100.

[0036] Once the instrument threaded portion 352 has fully engaged the prosthesis threaded portion 196, the impact axis 308 is substantially coincident with the insertion/extraction cavity axis 200. Accordingly, because the insertion/extraction cavity axis 200 is not oriented in a direction that is substantially parallel to the proximal stem axis 128 but instead extends at an angle A relative to the proximal stem axis 128, the impact axis 308 also is not parallel with the proximal stem axis 128. An advantage of orienting the impact axis 308 at an angle A relative to the proximal stem axis 128 is that the physician can avoid unnecessary interference with the patient's musculoskeletal system in the hip joint. Because the impact axis 308 is oriented at an angle A, the physician need not have an orthogonal line of access relative to the femoral prosthesis 100 to insert or remove the femoral prosthesis. The most effective combination of leverage and access is achieved by orienting the impact axis 308 at an angle A that is in a range of approximately one degree through approximately 45° relative to the proximal stem axis 128.

[0037] An impact is then applied to the instrument 300 and transferred through the instrument 300 to the attached femoral prosthesis 100. More specifically, when an impact force is applied to the impact surface 356 (shown in FIG. 5), the impact force is transferred through the impact surface 356, the knob 354, the shaft 316, and the threaded portion 352, successively, to the femoral prosthesis 100, thereby facilitating insertion of the femoral prosthesis 100 into the patient's femur. Because the impact axis 308 is coincident with the insertion/extraction cavity axis 200, the impact force is transferred fully and directly into the femoral prosthesis 100 without generating a moment around the instrument threaded portion

352 or applying shear stress to the instrument threaded portion 352. Accordingly, using the instrument 300 in combination with the femoral prosthesis 100 during hip arthroplasty facilitates the insertion of the femoral prosthesis 100 into the patient's femur with more efficiency and less risk for error.

[0038] Optionally, the housing 312 includes internal threads (not shown) such that when the instrument threaded portion 352 is rotated relative to the housing 312, the shaft 316 travels axially within the housing 312. Accordingly, increasing engagement of the instrument threaded portion 352 with the prosthesis threaded portion 196 causes the shaft 316 to travel distally within the housing 312. Distal movement of the shaft 316 within the housing 312 is limited by contact of the knob 354 on the shaft impact end portion 344 (shown in FIG. 5) with a housing proximal surface 364 on the housing impact end portion 324. In this arrangement, an impact force applied to the impact surface 356 is transferred to the femoral prosthesis 100 through the housing 312 in addition to the shaft 316.

[0039] Additionally, the instrument keyed portion 336 is configured to contact the prosthesis keyed portion 192 to facilitate the transfer of the impact force to the femoral prosthesis 100 through the housing 312. Specifically, an instrument keyed portion surface 338 is configured to contact and rest flatly on a prosthesis keyed portion surface 194. The prosthesis keyed portion surface 194 is arranged substantially orthogonally relative to the insertion/extraction cavity axis 200. When an impact force is applied to the impact surface 356 (shown in FIG. 5), the impact force is transferred through the impact surface 356, the knob 354, the housing proximal surface 364, the instrument keyed portion 336, and, ultimately, the instrument keyed portion surface 338, successively. The arrangement of the prosthesis keyed portion surface 194 relative to the insertion/extraction cavity axis 200 (and thus relative to the impact axis 308) causes the impact force to be transmitted through the instrument keyed portion 336 to the femoral prosthesis 100 in a direction along the instrument keyed portion 336 such that neither the instrument threaded portion 352 nor the instrument keyed portion 336 experiences any shear stress. The transfer of the impact force to the femoral prosthesis 100, thereby further facilitates insertion of the femoral prosthesis 100 into the patient's femur with greater efficiency and less risk for error.

[0040] In arrangements in which the instrument 300 is used only for insertion, through the processes described above, the threaded portions 196 and 352 may be omitted. In an arrangement in which the instrument 300 does not include threaded portions 196 and 352, the shaft engagement end portion 348 is used solely for alignment and the only area of contact between the instrument 300 and the femoral prosthesis 100 is where the instrument keyed portion surface 338 contacts the prosthesis keyed portion surface 194. Put another way, the impact is transferred to the femoral prosthesis 100 only through the

housing 312 of the instrument 300.

[0041] In arrangements in which the threaded portions 196 and 352 are included, the instrument 300 may be used for extracting, in addition to inserting, the femoral prosthesis 100. Specifically, the threaded portions 196 and 352 of the prosthesis and the instrument, respectively, enable use of the prosthesis 100 and the instrument 300 for extraction from the femur in addition to insertion into the femur. The process by which the instrument 300 is used for insertion of the prosthesis 100 is described above. The process by which the instrument 300 is used for extraction of the prosthesis 100 differs from the insertion process in that the threaded portions 196 and 352 engage with one another, such that applying force to the instrument 300 in a direction away from the prosthesis 100 will pull the prosthesis 100 away from the femur, thereby extracting the prosthesis 100 from the intramedullary canal.

[0042] By way of example, the instrument 300 may include features that enable the impact force to be applied in the opposite direction relative to the insertion impact. In particular, the instrument 300 is configured such that the knob 354 aligns with and is substantially orthogonal to the shaft axis 340 such that an impact applied to the underside of the knob 354 is transferred through the shaft 316 along the shaft axis 340. Alternatively, the housing 312 includes a flange (not shown) which extends outwardly from the housing axis 320 at the shaft impact end portion 344 and is configured to receive an impact applied in a direction away from the shaft engagement end portion 348. In this way, the instrument 300 is still used with the femoral prosthesis 100 but, because the impact is applied in the opposite direction, the instrument 300 facilitates extraction of, rather than insertion of, the femoral prosthesis 100. Accordingly, using the instrument 300 in combination with the femoral prosthesis 100 during hip arthroplasty facilitates the extraction of the femoral prosthesis 100 from the patient's femur with more efficiency and less risk for error.

[0043] Consequently, while the instrument 300 in FIG. 5 is configured both to insert and to extract a femoral prosthesis 100, separate instruments may be used to insert a femoral prosthesis 100 and to extract a femoral prosthesis 100.

Claims

1. A femoral prosthesis comprising:

a stem including a proximal end portion defining a proximal stem axis,
a neck portion located proximally of the proximal end portion, and
an insertion/extraction cavity extending distally from a proximal surface of the neck portion and configured to couple with an insertion/extraction instrument, the cavity defining an insertion/ex-

traction cavity axis which, when projected on to a coronal plane including the proximal stem axis, is not parallel with the proximal stem axis.

2. The femoral prosthesis of claim 1, wherein when the insertion/extraction cavity axis is projected on to the coronal plane the insertion/extraction cavity axis extends proximally and medially from the proximal stem axis.

3. The femoral prosthesis of claim 1 or claim 2, in which the insertion/extraction cavity comprises a keyed portion configured to mate with a keyed portion of the insertion/ extraction instrument.

4. The femoral prosthesis of claim 3, the keyed portion including a keyed portion surface arranged substantially orthogonally relative to the insertion/extraction cavity axis.

5. The femoral prosthesis of claim 3, the insertion/extraction cavity which includes a threaded portion configured to receive a threaded portion of the insertion/ extraction instrument.

6. A femoral prosthesis system comprising:

(a) a femoral prosthesis including:

a femoral stem with a proximal end portion defining a proximal stem axis,
a neck portion located proximally of the proximal end portion, and
an insertion/extraction cavity extending distally from a proximal surface of the neck portion, the cavity defining an insertion/extraction cavity axis which, when projected on to a coronal plane including the proximal stem axis, is not parallel with the proximal stem axis, and

(b) an insertion/extraction instrument including a distal end portion configured to couple with the insertion/extraction cavity.

7. The system of claim 6, wherein when the insertion/ extraction cavity axis is projected on to the coronal plane the insertion/extraction cavity axis extends proximally and medially from the proximal stem axis.

8. The system of claim 7, in which the insertion/extraction instrument includes a shaft defining an impact axis and configured such that the impact axis is parallel with the insertion/extraction cavity axis when the insertion/extraction instrument is coupled with the femoral prosthesis.

9. The system of claim 8, in which the impact axis is

aligned with the insertion/ extraction cavity axis when the insertion/extraction instrument is coupled with the femoral prosthesis.

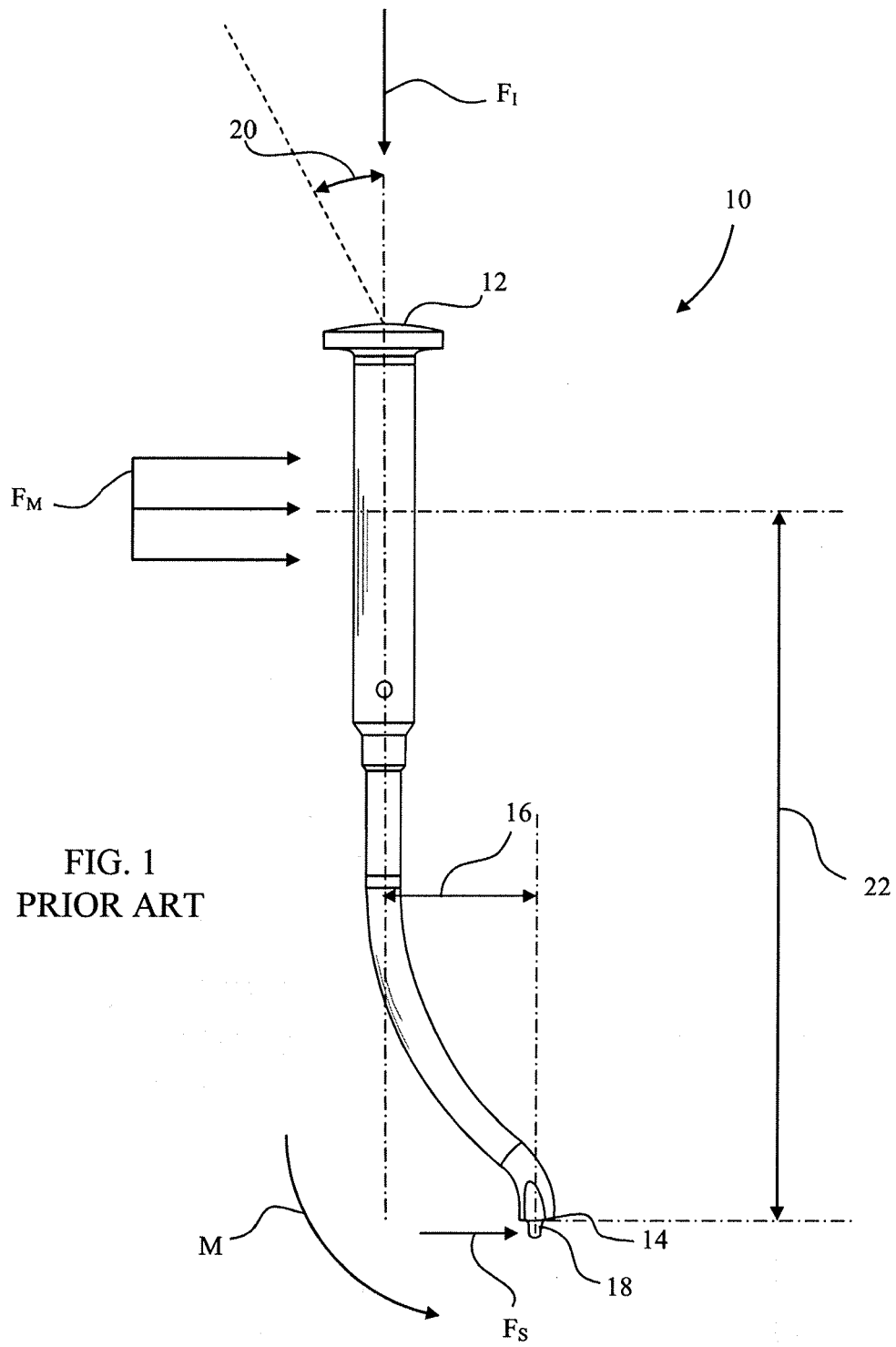
10. The system of claim 8, in which: 5
- the insertion/extraction cavity includes a first keyed portion,
- the insertion/extraction instrument includes a second keyed portion, and 10
- the first and second keyed portions are configured to mate with each other in a keyed relationship.
11. The system of claim 10, in which the first keyed portion includes a first keyed portion surface arranged substantially orthogonally relative to the insertion/extraction cavity axis. 15
12. The system of claim 10, in which the insertion/extraction cavity further includes a threaded portion configured to receive a threaded portion of the insertion/extraction instrument. 20
13. The system of claim 12, in which the threaded portion of the insertion/extraction instrument is rotatable with respect to the second keyed portion. 25
14. The femoral prosthesis of claim 2 or the system of claim 6, in which when the insertion/extraction cavity axis is projected on to the coronal plane, the insertion/extraction cavity axis extends proximally and medially from the proximal stem axis at an angle in the range of about 1 to about 45°, for example about 12°. 30 35
15. The femoral prosthesis of claim 2 or the system of claim 6 in which the stem is substantially straight. 40

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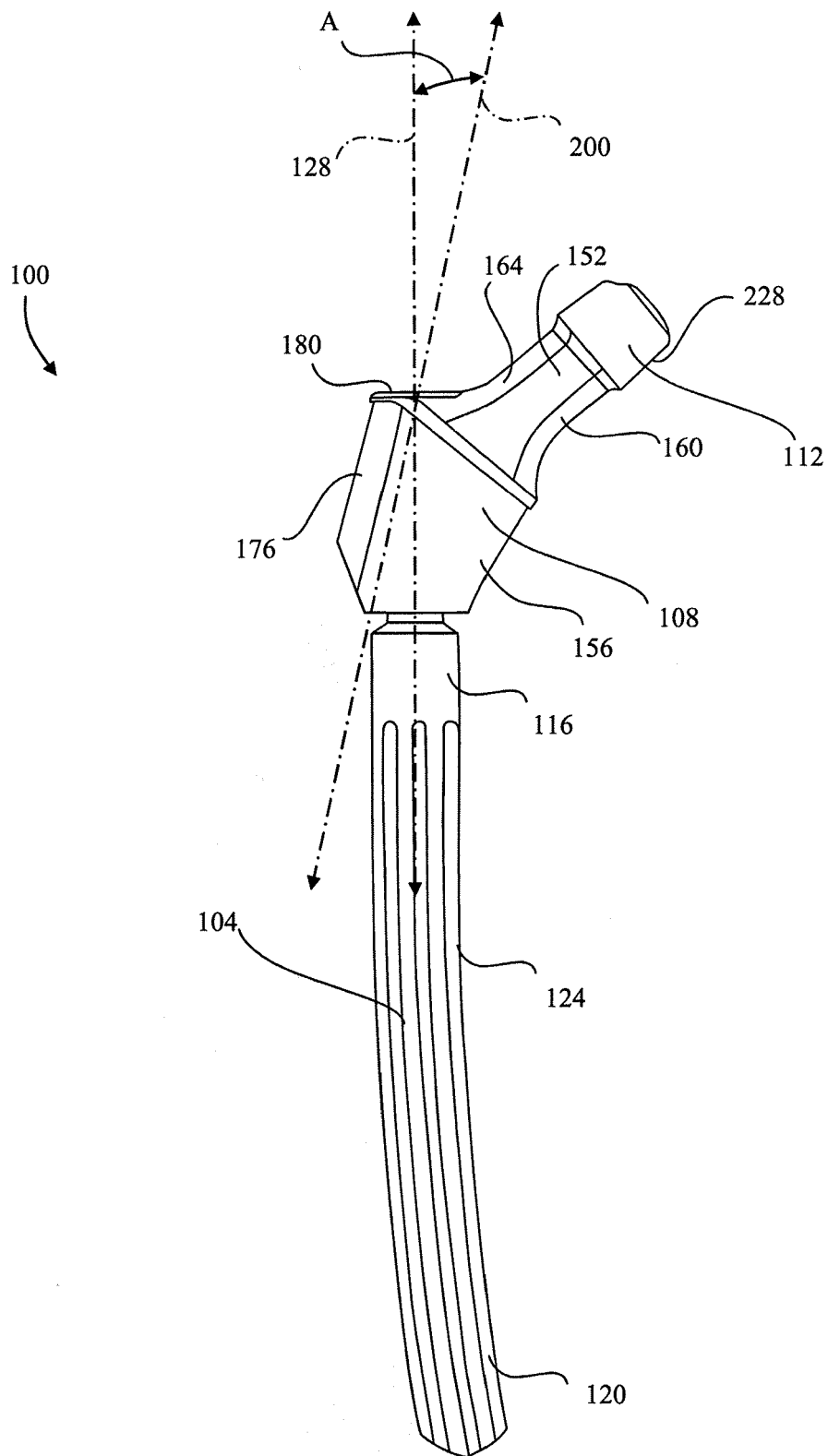


FIG. 2

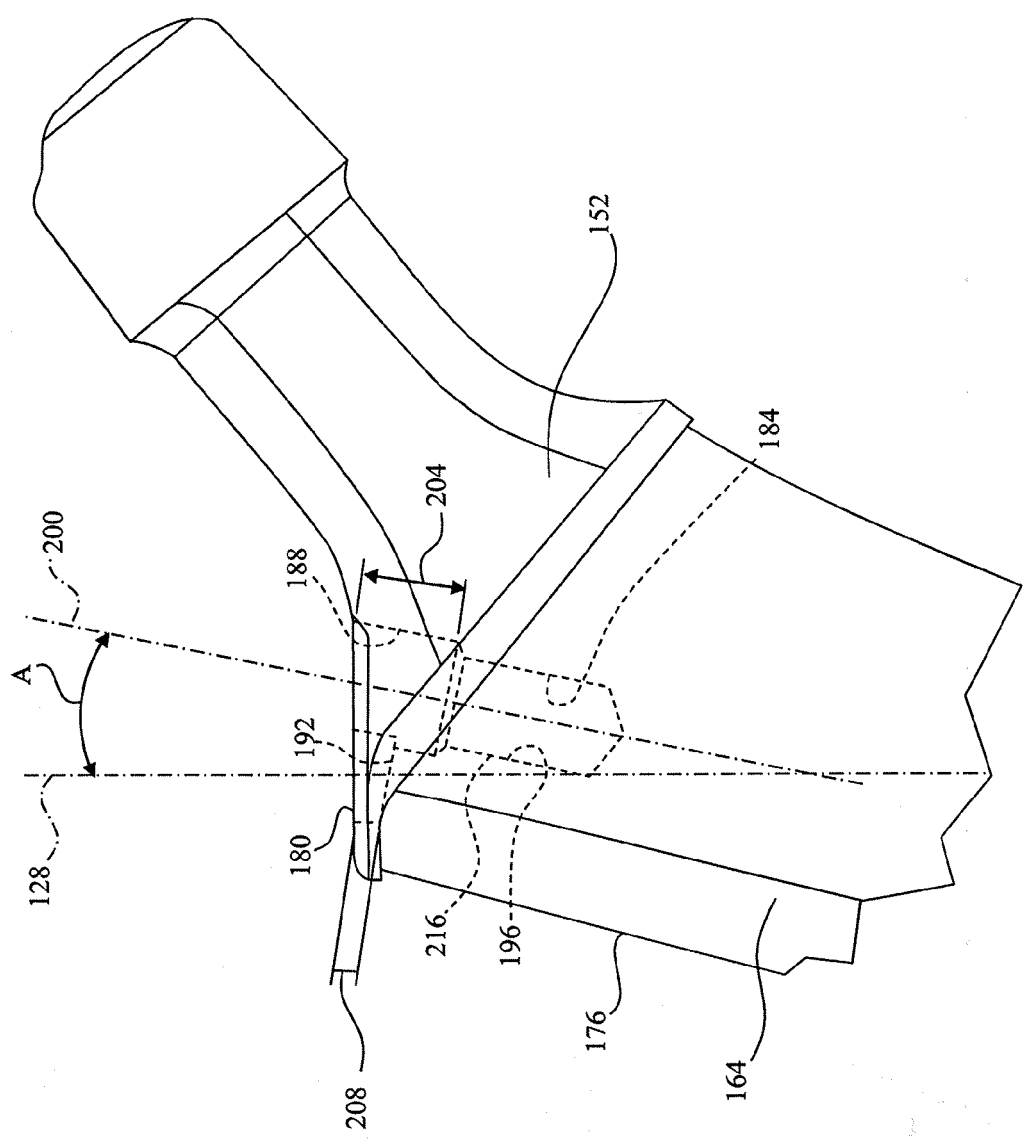


FIG. 3

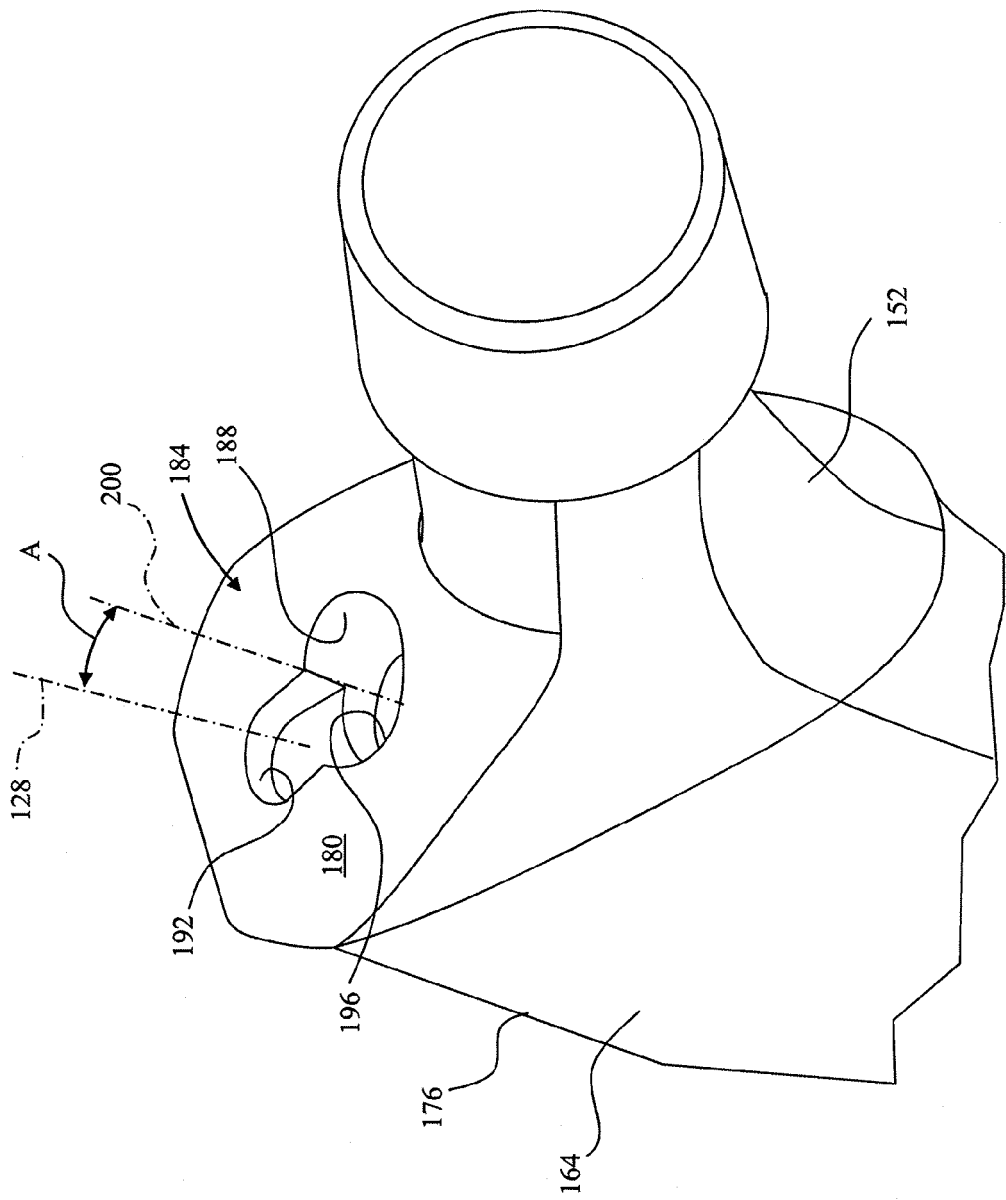
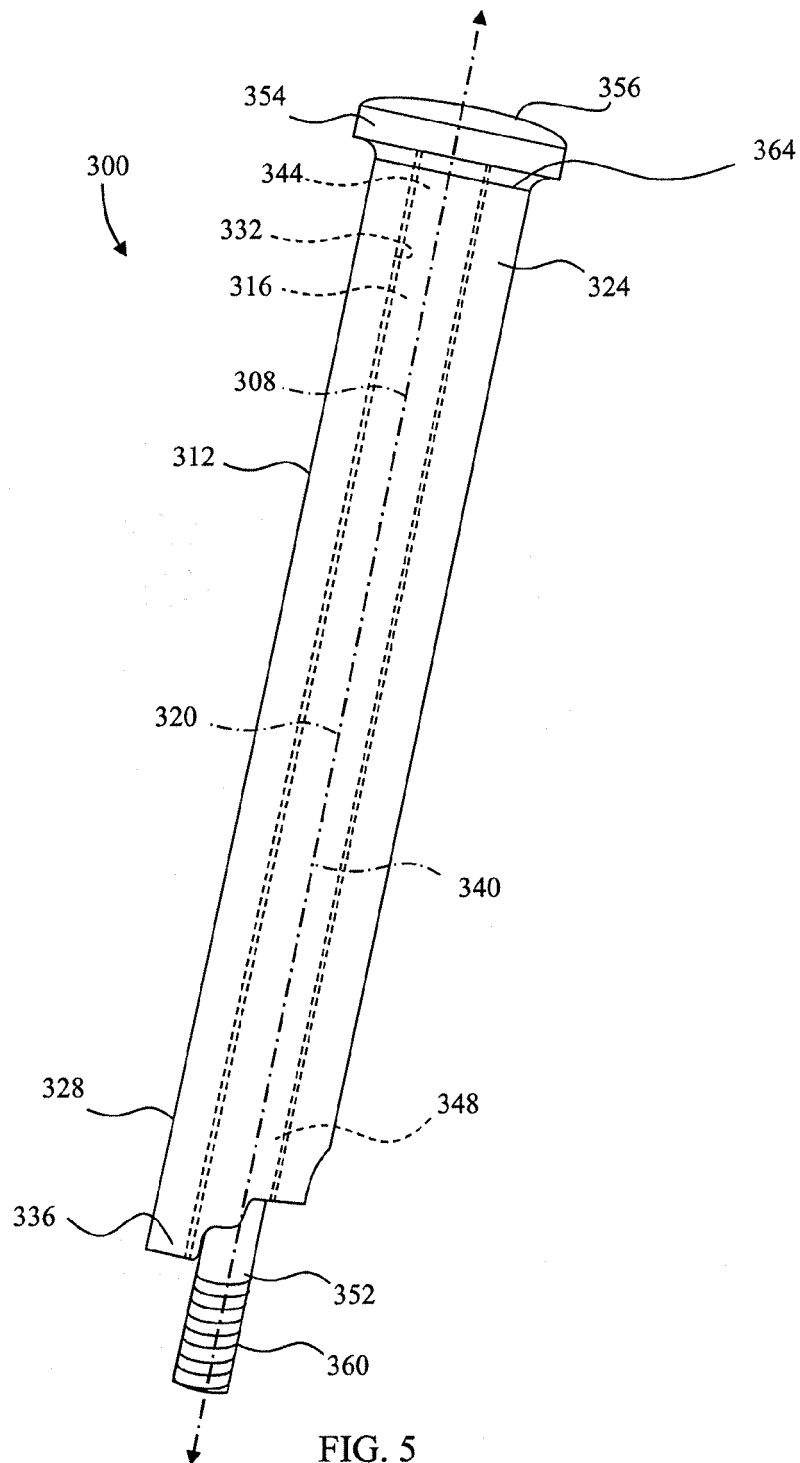


FIG. 4



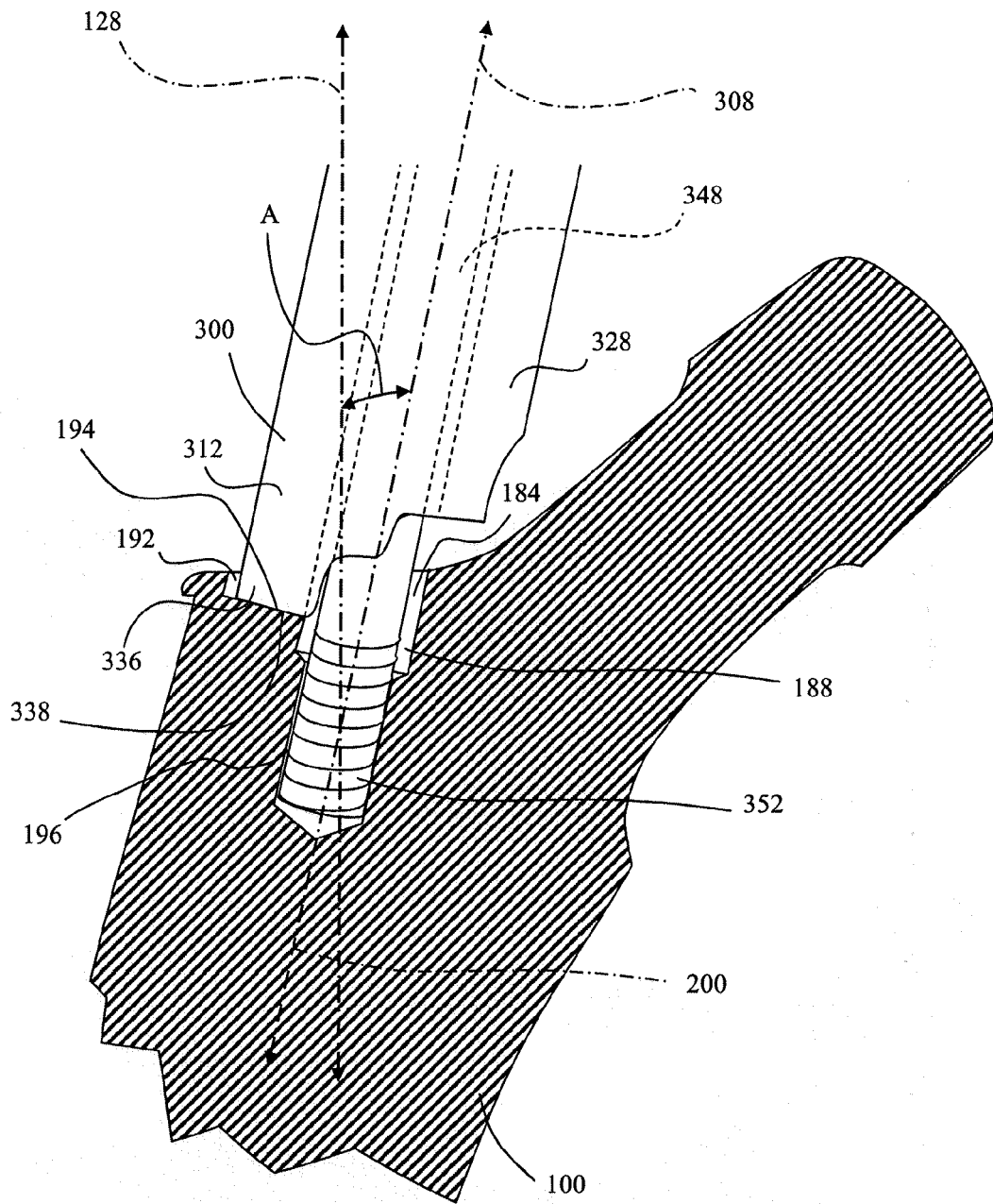


FIG. 6



EUROPEAN SEARCH REPORT

Application Number
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The European Patent Office is in no way liable for these particulars which are merely given for the purpose of information.

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